

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

14056

FILED MAY 1 1953

2004

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>57 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		3778	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>5043 CHESTNUT AVENUE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>		b. (Middle) _____		c. (Last) <u>BRAUN</u>	
4. DATE OF DEATH		(Month) <u>APRIL</u>		(Day) <u>13</u>		(Year) <u>1953</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR. 23. 1884</u>	
9. AGE (In years last birthday) <u>69</u>		If UNDER 1 YEAR Months _____ Days _____		If UNDER 1 YEAR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED 3 YEARS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONTINENTAL BAKING COMPANY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SALINA, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ANTON BRAUN</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. PAULINE BRAUN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-09-6756</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PAULINE BRAUN</u> ADDRESS <u>5043 CHESTNUT KANSAS CITY, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho. Pneumonia.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 Days.</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Post-Operative.</u>			
DUE TO (c) <u>Carcinoma of Rectum</u>				1 mo.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				6 mo.			
19a. DATE OF OPERATION <u>3/11/53.</u>				19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rectum & Lymphatic Extension.</u>			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3/7</u> , 19 <u>53</u> , to <u>4/14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4/13</u> , 19 <u>53</u> , and that death occurred at <u>10:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. A. Wilkinson</u> (Degree or title) <u>M.D. MD</u>				23b. ADDRESS <u>1332 Professional Bldg.</u>		23c. DATE SIGNED <u>4/14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 15. 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>		24d. LOCATION (City, town, or county) <u>KANSAS CITY</u> (State) <u>MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>4-15-53</u>		REGISTRAR'S SIGNATURE <u>Gertrude Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Newcomb's Sons</u> ADDRESS <u>1331-BRAUN CREEK KANSAS CITY, MO.</u>			

(Licensed Embalmers' Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Chas. D. Rushing

Licensed Embalmer No. 8560

P. O. Address 140 W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.